

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

DUAL DRUG DOSAGE FORMS WITH
IMPROVED SEPARATION OF DRUGS

Attorney Docket Number::

015662-002100US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

No

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jong
Middle Name::
Family Name:: Lim
Name Suffix::
City of Residence:: San Jose
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1053 Bentoak Lane
City of Mailing Address:: San Jose
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 95129

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: N.
Family Name:: Shell
Name Suffix::
City of Residence:: Roseville
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 449 Venezian Court
City of Mailing Address:: Roseville
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 95661

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jenny

Middle Name::

Family Name:: Louie-Helm

Name Suffix::

City of Residence:: Union City

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 30580 Mallorca Way

City of Mailing Address:: Union City

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94587

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

Foreign Priority Information

Country::

Application number::

Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::